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County: Dodge HILLSIDE MANOR 803 SOUTH UNIVERSITY AVENUE BEAVER DAM 53916 Phone: (920) 887-5901 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? Yes Number of Beds Set Up and Staffed (12/31/00): 123 Total Licensed Bed Capacity (12/31/00): 123 Number of Residents on 12/31/00: 122 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled No Yes Average Daily Census: 123

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	% 	Less Than 1 Year 1 - 4 Years	33. 6 50. 8
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0.0 $15.6$	Under 65 65 - 74	5. 7 4. 9	More Than 4 Years	15. 6
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	30. 3		100.0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 2. 5	85 - 94   95 & 0ver	49. 2 9. 8	Full-Time Equivalen	t
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	3. 3 1. 6		100. 0	Nursing Staff per 100 Re (12/31/00)	si dents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	19. 7 15. 6	65 & 0ver	94. 3	   RNs	13. 1
Referral Service Other Services	No No	Di abetes	0. 8 4. 1	Sex	%	LPNs	15. 7
Provi de Day Programming for		Respiratory Other Medical Conditions	36. 9	Male	21. 3	Nursing Assistants Aides & Orderlies	47. 1
Mentally Ill Provide Day Programming for	No		100. 0	Female	78. 7		
Developmentally Disabled	No		****		100.0	 	****

## Method of Reimbursement

		Medi (Ti tl			Medic (Title			0th	er	Р	rivate	Pay	]	Manage	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 4	\$128. 20	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	0. 8%
Skilled Care	6	100.0	\$248.66	58	84. 1	\$109.53	0	0.0	\$0.00	47	100.0	\$149.00	0	0.0	\$0.00	111	91.0%
Intermedi ate				10	14.5	\$90. 85	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	10	8. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total		100.0		69	100. 0		0	0.0		47	100.0		0	0.0		122	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi t	ions, Services	, and Activities as of	12/31/00
zeachs zaring heporeting retrou		1			% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	5.0	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	5. 0	Bathi ng S	0. 0		86. 1	13. 9	122
Other Nursing Homes	7. 9	Dressi ng	4. 1		86. 1	9. 8	122
Acute Care Hospitals	79. 3	Transferri ng	13. 1		76. 2	10. 7	122
Psych. HospMR/DD Facilities	0.0	Toilet Use	13. 9		74. 6	11. 5	122
Reĥabilitation Hospitals	0. 0	Eating	54. 9		36. 1	9. 0	122
Other Locations	2. 9	* * * * * * * * * * * * * * * * * * *	******	*****	******	*******	******
Total Number of Admissions	140	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		8. 2		Respiratory Care	12. 3
Private Home/No Home Health	29. 7	Occ/Freq. Incontinent	t of Bladder	<b>52.</b> 5		Tracheostomy Care	0. 0
Private Home/With Home Health	18. 1	Occ/Freq. Incontinent	t of Bowel	18. 9		Suctioning	0. 0
Other Nursing Homes	8. 0				Recei vi ng	Ostomy Care	1. 6
Acute Care Hospitals	1.4	Mobility				Tube Feeding	1.6
Psych. HospMR/DD Facilities	0.7	Physically Restrained	1	2. 5	Recei vi ng	Mechanically Altered Di	ets 31.1
Rehabilitation Hospitals	0.0				0.1 8 .1		
Other Locations	7. 2	Ski n Care				nt Characteristics	00. 7
Deaths	34. 8	With Pressure Sores		4. 1		ce Directives	88. 5
Total Number of Discharges	100	With Rashes		6. 6	Medications	D	<b>70.0</b>
(Including Deaths)	138				кесеi vi ng	Psychoactive Drugs	<b>59.</b> 0

	Thi s	Other Hospital-	Al l
	Facility	Based Facilities	Facilties
	%	% Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	87. 5 1. 14	84. 5 1. 18
Current Residents from In-County	97. 5	83. 6 1. 17	77. 5 1. 26
Admissions from In-County, Still Residing	29. 3	14. 5 2. 02	21. 5 1. 36
Admi ssi ons/Average Daily Census	113. 8	194. 5 0. 59	124. 3 0. 92
Discharges/Average Daily Census	112. 2	199. 6 0. 56	126. 1 0. 89
Discharges To Private Residence/Average Daily Census	53. 7	102. 6 0. 52	49. 9 1. 08
Residents Receiving Skilled Care	91. 8	91. 2 1. 01	83. 3 1. 10
Residents Aged 65 and Older	94. 3	91. 8 1. 03	87. 7 1. 07
Title 19 (Medicaid) Funded Residents	<b>56.</b> 6	66. 7 0. 85	69. 0 0. 82
Private Pay Funded Residents	38. 5	23. 3 1. 65	22.6 1.70
Developmentally Disabled Residents	0. 0	1.4 0.00	7.6 0.00
Mentally Ill Residents	15. 6	30. 6 0. 51	33. 3 0. 47
General Medical Service Residents	36. 9	19. 2 1. 92	18. 4 2. 00
Impaired ADL (Mean)*	47. 2	51. 6 0. 92	49. 4 0. 96
Psychological Problems	<b>59. 0</b>	52. 8 1. 12	50. 1 1. 18
Nursing Care Required (Mean)*	7. 2	7.8 0.92	7. 2 1. 00